(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



500274793725

08/12/15--01001--008 **125.00

15 AUG 11 PH 3: 55



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dankbuzz LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zein A. Zaioud Name of Person
Firm/Company
1061 Nw 192 Ave
Address
Panbroke Pines / FL /33029
City/State and Zip Code Zaisa Zaisa & B9 (avac) (avac)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.- Name: The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1061 Nov 192 Are Pantyphe Gres, FL, Mailing Address:

1061 Nov 192 Aver People Res FI

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

elvi /-

Name

Florida street address (P.O. Box NOT acceptable)

Pembroke Pines

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Zein A. Zaique 1061 Nw 192 Ave Pantoke Pines, FL,	33029
•		
fective date is listed, the date must be s of filing.)	e of filing: (OPT pecific and cannot be more than five business days	prior to or 90 da
LE V: Effective date, if other than the date fective date is listed, the date must be s of filing.) If the date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days meet the applicable statutory filing requirements, this	prior to or 90 da
LE V: Effective date, if other than the date fective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days meet the applicable statutory filing requirements, this	prior to or 90 da
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.	pecific and cannot be more than five business days meet the applicable statutory filing requirements, this	prior to or 90 da
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a nor this document is exected an aware that any fall.	meet the applicable statutory filing requirements, this t of State's records. nember or an authorized representative of a membuted in accordance with section 605.0203 (1) (b), Flose information submitted in a document to the Departer felony as provided for in s.817.155, F.S.	prior to or 90 das date will not be
EV: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a not the Department is exected an aware that any fall.	meet the applicable statutory filing requirements, this tof State's records. nember or an authorized representative of a membuted in accordance with section 605.0203 (1) (b), Flose information submitted in a document to the Depart	prior to or 90 da s date will not be

Page 2 of 2